

GRANT ASSISTANCE TO LOCAL LAW ENFORCEMENT AGENCIES PROJECT

GRANT FORMS



ARNOLD SCHWARZENEGGER, *Governor*
State of California

SUNNE WRIGHT-MCPEAK, *Secretary*
Business, Transportation and Housing Agency

JERRY R. JOLLY, *Director*
Department of Alcoholic Beverage Control

GRANT FORMS

Includes:

1. Proposal Cover Sheet
2. Project Narrative
3. Budget Estimate
4. Other Funding Sources
5. Resolution of Governing Body (Sample)
6. Rating Form (ABC Use Only)



State of California
Department of Alcoholic Beverage Control
Grant Assistance Program to Local Law Enforcement Agencies

PROPOSAL COVER SHEET
(TO BE COMPLETED BY APPLICANT AGENCY)

1. Name of Applicant Agency:	
2. Description of Applicant Agency: (Provide a brief summary including history, size, staffing, and structure of the organization in no more than 100 words.)	
3. City or County Served:	4. Population of Service Area:
5. Project Description: (Summarize the proposed project plan covering the objectives, method of procedure, evaluation, and end product in approximately 100 words.)	
6. Funds Requested:	7. Project Period:
8. Acceptance of Conditions: By submitting this proposal, the applicant signifies acceptance of the responsibility to comply with all requirements stated in the Request for Proposals. The applicant understands that ABC is not obligated to fund the project until the applicant submits correctly completed documents required for the contract.	
A. PROJECT DIRECTOR (person having day-to-day responsibility for the project)	B. CHIEF OF POLICE OR SHERIFF (authorizing official)
Name: Address: Phone: Fax: E. Mail Address: Signature: _____ Title: _____	Name: Address: Phone: Fax: E. Mail Address: Signature: _____ Title: _____
C. FISCAL OR ACCOUNTING OFFICIAL	D. ABC USE ONLY
Name: Address: Phone: Fax: E. Mail Address: Signature: _____ Title: _____	

PROJECT NARRATIVE
Maximum 8 pages for Narrative
Font Size no smaller than 12 pitch

BUDGET ESTIMATE

BUDGET CATEGORY AND LINE-ITEM DETAIL	COST
A. Personnel Services (salaries, overtime, and benefits)	(Round all budget amounts to nearest dollar)
TOTAL PERSONNEL SERVICES	
B. Operating Expenses (maximum \$2,500)	
TOTAL OPERATING EXPENSES	
C. Equipment (maximum \$3,000)	
TOTAL EQUIPMENT	
D. Travel Expense/Registration Fees (maximum \$3,500)	
TOTAL TRAVEL EXPENSE	
TOTAL BUDGET ESTIMATE, ALL CATEGORIES	

OTHER FUNDING SOURCES

Complete the following to report the total funds available to support the activities related to accomplishing the goals and objectives of the contract. In the "Grant Funds" column, report the ABC funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category. Then calculate the totals by category in the "Program Total" column. Total each column down to arrive at the total program funds available. **(Round all budget amounts to the nearest dollar.)**

BUDGET CATEGORY	GRANT FUNDS	OTHER FUNDS	PROGRAM TOTAL
Personnel Services			
Operating Expenses			
Travel/Registration Fees			
Equipment			
TOTALS			

(This form does not become part of the contract.)

SAMPLE

RESOLUTION OF THE GOVERNING BOARD

WHEREAS, THE (1) (applicant) desires to undertake a certain project designated as (2) (project title) to be funded in part from funds made available through the Grant Assistance to Local Law Enforcement Agencies Project administered by the Department of Alcoholic Beverage Control (hereafter referred to as ABC);

NOW, THEREFORE, BE IT RESOLVED that the (3) (designated official by title only) of the (4) (County or City) is authorized, on its behalf to submit the attached proposal to ABC and is authorized to execute on behalf of (5) (Governing Board) the attached contract, including any extensions or amendments thereof and any subsequent contract with the State in relation thereto.

IT IS AGREED that any liability arising out of the performance of this contract, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and ABC disclaim responsibility for any such liability.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

IT IS ALSO AGREED that this award is not subject to local hiring freezes.

I hereby certify that the foregoing is a true copy of the resolution adopted by the (6) (governing body) of (7) (unit of local government or organization) in a meeting thereof held on (8) (date) by the following:

Vote: (9)

Ayes:

Nays:

Absent:

Signature: (10) Date: (11)

Typed Name and Title: (12)

ATTEST: Signature: (13) Date: (14)

Typed Name and Title: (15)

(Instructions on Reverse)

RESOLUTION INSTRUCTIONS

Note: The resolution must include all of the elements contained in the sample. Unless there is a compelling reason not to do so, ABC strongly suggests that the project follow the exact format and language provided in the sample Resolution. This will assure that the processing of the grant award is not seriously delayed because the language of the Resolution does not meet ABC's requirements.

- (1) Enter the full name of the board or council making the resolution.
- (2) Enter the title of the proposed project. This should be the same as the title of the proposed project on the Proposal Cover Sheet.
- (3) Enter the full title of the administrator or executive who is authorized to submit the application.
- (4) Enter the full title of the organization that will submit the application.
- (5) Enter board or council, whichever is appropriate.
- (6) Enter the same as item (1).
- (7) Enter the same as item (5).
- (8) Enter the date of the meeting in which the resolution was adopted.
- (9) Enter the votes of the members in the appropriate category.
- (10) Enter the signature of the person signing on behalf of the board or council.
- (11) Enter the date of the certification.
- (12) Enter the typed name and title of the person making the certification.
- (13) Enter the signature of the person attesting that this is a true copy of the resolution. This must be a person other than the person who signed on behalf of the board or council (see item (10)).
- (14) Enter the date attested.
- (15) Enter the typed name and title of the person attesting.

RATER # _____

CONTROL # _____

RATING FORM

APPLICANT:
FUNDS REQUESTED:

CATEGORY	MAXIMUM POINTS	POINTS RECEIVED
1. Background	20	
2. Problem Statement	50	
3. Project Objectives	55	
4. Method of Procedure	40	
5. Method of Evaluation	20	
6. ABC Liaison	30	
7. Statement of Intent	15	
8. Budget	30	

MAXIMUM POSSIBLE: 260

Subtotal _____

Deductions _____

Net points _____

Each of the above categories contain questions assigned a point value. The point scale is divided into five (5) columns labeled **I, II, III, IV** and **V**. Each question is evaluated on the following criteria:

- I.** Does not respond to the question or was left blank.
- II.** Does not completely respond to the question. Information presented does not provide a good understanding of applicant's intent, does not give detailed information requested by the RFP, or does not adequately support the proposal.
- III.** Responsive to the question. Provides an average understanding of the applicant's response to the RFP. Response adequately supports the proposal.
- IV.** Provides a response which gives a clear and detailed understanding of the applicant's intent. Response presented a persuasive argument supporting the proposal.

- V. Outstanding response with clear, detailed and relevant information exceeding the information requested. Response presented a compelling argument supporting the proposal.

TECHNICAL COMPLIANCE

The following items are rated on a present/not present basis. If the item is present there are no additional points allowed. If the item is absent, a five (5) point deduction from the applicant's total score will be taken.

- | | YES | NO |
|--|-----|----|
| 1. Are all required forms completed?
If no, which form is missing? _____ | | |
| 2. Is each section completed? It is not acceptable to reference another section. _____ | | |
| 3. Is the proposal typewritten or computer-generated with characters no smaller than the equivalent of standard 12 pitch print and printed on paper that does not exceed 8-1/2 by 11 inches? _____ | | |
| 4. Is the narrative provided within the maximum of eight (8) pages and is it printed on the single side of each page? _____ | | |
| 5. Is the proposal free of non-required additional pages? _____ | | |
| 6. Is there one (1) original plus four (4) copies of the grant proposal? _____ | | |
| 7. Is there one (1) signed (original signature) of the Proposal Cover Sheet? _____ | | |
| 8. Are copies assembled separately, fastened in the upper left corner, and unbound? _____ | | |

POINT DEDUCTION TOTAL _____

BACKGROUND (Maximum 20 points)

	I	II	III	IV	V
How clearly does the proposal describe the qualifications of the implementing agency, including history, size, structure, etc.?	0	3	5	7	10
How well does the proposal describe the project staffing, supervision and evaluation responsibilities?	0	3	5	7	10
SUBTOTAL					

PROBLEM STATEMENT (Maximum 50 points)

	I	II	III	IV	V
How well does the problem statement describe the service area, including geographic, economic composition, significant social and crime factors?	0	3	5	7	10
How well does the problem statement define the problematic ABC licensed establishments within the service area?	0	2	3	4	5
How well does the problem statement describe the prosecution policy of the local city attorney/district attorney with regard to illegal purchases of alcoholic beverages as well as illegal sales of alcoholic beverages?	0	3	5	7	10
How well does the statement discuss the need for the project and why current resources are not meeting this need?	0	2	3	4	10
How clearly does the statement define the factors contributing to the problem?	0	2	3	4	5
How clearly does the statement define the factors affected by the problem?	0	2	3	4	5
How well does the statement discuss the attempts to solve the problem?	0	2	3	4	5
SUBTOTAL					

PROJECT OBJECTIVES (Maximum 55 points)

	I	II	III	IV	V
How completely do the objectives address the specific problems as discussed in the Problem Statement?	0	5	1	15	20
How well are the objectives stated in quantifiable terms (either in percentages or whole numbers)?	0	3	5	7	10
How clearly do the stated objectives address the implementation of a comprehensive ABC program?	0	5	7	10	15
How committed is the applicant to utilizing enforcement strategies that target the illegal purchasing of alcoholic beverages as well as the illegal selling of alcoholic beverages?	0	3	5	7	10
SUBTOTAL					

METHOD OF PROCEDURE (Maximum 40 points)

	I	II	III	IV	V
How well are the activities designed to achieve the objectives?	0	5	10	15	20
How well does the application provide time frames for anticipated completion of each phase?	0	3	5	7	10
How appropriate is the staff assigned to the project and do the staff assignments tie to the services and objectives?	0	3	5	7	10
SUBTOTAL					

METHOD OF EVALUATION (Maximum 20 points)

	I	II	III	IV	V
How completely does the application describe the evaluation plan?	0	5	10	15	20
SUBTOTAL					

RATING FORM-6

ABC LIAISON (Maximum 25 points)

	I	II	III	IV	V
How clearly does the applicant describe their current or past experience with ABC?	0	5	7	10	15
How well does the applicant apply past experience with ABC to future success of the grant project?	0	5	7	10	15
SUBTOTAL					

STATEMENT OF INTENT (Maximum 15 points)

	I	II	III	IV	V
How clearly does the applicant define their intent to continue using the resources developed by the grant?	0	5	7	10	15
SUBTOTAL					

BUDGET (Maximum 30 points)

	I	II	III	IV	V
How adequate and appropriate is the staffing for the objectives and activities?	0	3	5	7	10
How completely does the budget identify positions to be funded with grant funds?	0	2	3	4	5
How reasonable are the costs identified in the budget to accomplish objectives and activities?	0	3	5	7	10
How completely does the budget identify the equipment needs and specific equipment costs?	0	2	3	4	5
SUBTOTAL					

(RATER: Transfer all category subtotals to page one.)